V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14499

Registration District No. 2 [illegible] Primary Registration District No. 3060 Registrar's No. 377

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4
4
1

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

(c) City or town Farmington 94 (If outside city or town limits, write "RURAL")

(d) Street No. 4 (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME RENUS SHELL

3. (b) If veteran, name war

3. (c) Social Security No. 499-03-5937

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 10 (Day) 1884 (Year)

8. AGE: Years 64 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Greencastle (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Henry Shell
13. Birthplace Redding (City, town, or county) Penn. 1 (State or foreign country)

MOTHER
14. Maiden name Lavellière
15. Birthplace France 5 (City, town, or county) (State or foreign country)

16. (a) Informant Harry Shell

(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-45 (Month) (Day) (Year)

(c) Place: burial or cremation K. of P. Cem. Farmington Mo.

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Mo.

19. (a) 4-16-45 (Date received local registrar) (b) Dorres Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 14 year 1945 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from —, 19, to —, 19; that I last saw h alive on —, 19; and that death occurred on the date and hour stated above.

Immediate cause of death due to natural cause, had previous heart ailment, circumstances

Due to proved he died of natural causes

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 200

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Berl J. Miller (M. D. or other) coroner

Address Farmington, Mo Date signed 4/16/45

1373

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 445-53

Date Filed 4-24-45

MAY 28 1945

MAY 10 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Earl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.